			SION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-042$	2933
			Registration District No	NUMBER
DO NOT WRITE ON THIS STUB	AMENDE	D :	FILED BEC 1 4 1962	
VS 300 Rev. 4/59	DE	1	1. PLACE OF DEATH a. COUNTY Jackson 2. USUAL RESIDENCE (Where deceased lived. If institution as STATE MISSOUR! b. COUNTY JACKSON	admission)
	AMENDED		OR TOWN Kansas City 48 VEARS C. CITY OR TOWN KANSAS CITY	Inside Limits Yes ☑ No □
23538	DATE A		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital ADDRESS ADDRESS	Reside on Farm Yes □ No 🕱
3		- [:	3. NAME OF DECEASED First Middle Last 4, DATE Month Da	y Year
4			(Type or print) Aristos Skumpuris OF DEATH November 27,	1962
5 9			5. SEX Male 6. COLOR OR RACE Widowed Divorced Divorced VAR. 6. COLOR OR RACE Widowed Divorced VAR. 7. Married Divorced VAR. 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER I Y Months Da	ys Hours Min.
6	s _M		10a. USUAL OCCUPATION (Give kind of work done done done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and date or country) 12. CITIZEN GRETIRED COOK RETIRED COOK RESTAURANT GREECE U.S.	OF WHAT COUNTRY
72	FOLLOW		13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN NONE	/IFE
8 /	AS H		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, py upknown) (If yes, give war or dates of service 16. SOCIAL SECURITY NO. MABEL HASTON 3831	TROOSTAVE
92001	ARE	<u>_</u>	18. CAUSE OF DEATH (Enter only one cause per line f PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
10		CUMENT	IMMEDIATE CAUSE (a) Lymphosarcoma	ONSET AND DEATH
17 17/1	THIS RECC	000	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)	
	NO s		disease condition given in PART 1 (a) there a pre	d was female was gnancy in last 90 days
	AMENDMENTS			□ No □ Unknown
RIBBON	AMEN		20c. TIME OF Hout Month, Day, Year INJURY a.m. p.m.	
) <u>32.</u>		Œ	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)	STATE
USE BLACI OR TYPEWRITER	READ		21. I attended the deceased from 10-12-62 to 11-27-62 and last saw her him elive on 11-27	
		٣.	Death occurred at m on the date stated above, and to the best of my knowledge, from the	e causes stated.
US TYPE	SHOULD	/IT OF	() Lmong () John Lmong	22. DATE SIGNET 11-28-62
	ġ Ż	IDA)	23a. BURIAL, CREMATION, 23b. DATE - 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) BURIAL (Specify) 11-30-1962 MT. MORIAH CEMETERY (ANSAS CITY NI)	(State) 「SoVR!
	Z	AFFID,	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	
	ITEM	B≺	MUEHLEBACH 6800 TROOST 11-29,62 A with De	ma
'		, -	(Licensed Embalmer's Statement on Reverse Side)	<i>-</i>

·福州田山1 ÷

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No		
working under my personal supervision.	Signed Robert & Landes		
StudentSignature of Student Embalmer	Signed Steel S. Tandes		
	Licensed Embalmer No. 57 03		
	P. O. Address K. C. The		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.